How to Obtain Contact Hours by Reading This Issue

Instructions

4.0 contact hours will be awarded by Vindico Medical Education upon successful completion of the posttest and evaluation. To obtain contact hours:

1. Read the following articles carefully, noting the tables and other illustrative materials, which are provided to enhance your knowledge and understanding of the content:
   - Culture is Treatment: Considering Pedagogy in the Care of Aboriginal People
     Brenda L. Green, MSc, BSc, on pages 27-34.
   - Postincident Review of Aggression and Violence in Mental Health Settings
     Green Bonner, PhD, RMN, MS, BA (Hons.); PG Dip Ed; and Nigel Wellman, MSc, BA, RMN, on pages 33-40.
   - Psychiatric Nursing Practice and the Recovery Model of Care
     Barbara A. Caldwell, PhD, APN-BC; Michael Sclafani, MS, MEd, RN; Margaret Swartbrick, PhD, OTR, CRC; and Karen Piren, MSN, RN, ARNP, on pages 42-48.

2. Read each question and record your answer on the CNE Registration Form provided.

3. Complete all sections of the CNE Registration Form, including indicating the total time spent on the activity (reading articles and completing quiz). Forms and quizzes cannot be processed if this section is incomplete. All participants are required by the accreditation agency to attest to the time spent completing the activity.

4. Forward the completed form with your check or money order, drawn on a US bank, for $16 (USD) made out to JPN-CNE.

CNE Registration Forms must be received no later than July 31, 2012.

Contact Hours

Vindico Medical Education is an approved provider of continuing nursing education by the New Jersey State Nurses Association, an approved approver, by the American Nurses Credentialing Center’s Commission on Accreditation. P188-6/09-12. This activity is co-provided by Vindico Medical Education and the Journal of Psychosocial Nursing.

This is a Learner-Paced Program. Answers to the posttest will be graded, and you will be advised that you have passed or failed within 60 days of receipt of your completed test. A score of 70% or above will comprise a passing grade. A certificate will be awarded to participants who successfully complete the test. A contact hour is 60 minutes of instruction. Contact hour verification can be awarded only at the completion of a program.

Objectives

1. Recognize how specific rituals, customs, and meanings are related to healing for Aboriginal and Indigenous cultures.
2. Evaluate the effectiveness of postincident review in incidents involving restraint use.
3. Integrate consumers as active participants in recovery-based care.

Questions #1-6 refer to the article about culture is treatment by Green on pages 27-34.

1. Viewing Aboriginal health and illness only through which of these positions could justify discriminatory practices?
   A. Reductionism.
   B. Universalism.
   C. Objectivism.
   D. Positivism.

2. Green mentioned three of the following environmental factors as directly affecting how culture shapes health and the health status of specific populations. Which one is the EXCEPTION?
   A. History.
   B. Politics.
   C. Ethics.
   D. Time.

3. Many Canadian Aboriginal people object to being called:
   A. disadvantaged.
   B. minority.
   C. Indian.
   D. Native.

4. Many Aboriginal and Indigenous people believe that treatment of illness should be directed toward:
   A. synergy.
   B. homeostasis.
   C. prolonging life.
   D. the essence of spirit.

5. After being initiated into their traditional dance society, the Coastal Salish people experienced a long-term alcohol abstinence rate of more than:
   A. 90%.
   B. 80%.
   C. 70%.
   D. 50%.

6. The pedagogical view of Aboriginal people includes three of the following. Which one is the EXCEPTION?
   A. Their health outcomes are mostly based on their “Aboriginality” rather than historical and social determinants.
   B. All things are interconnected rather than separate and distinct.
   C. Knowledge is unified and holistic rather than segmented and compartmentalized.
   D. Learning and being are cyclical rather than linear.

Questions #7-13 refer to the article about postincident review of aggression and violence in mental health settings by Bonner and Wellman on pages 35-40.

7. According to the guidelines of the National Institute for Clinical Excellence (NICE), serious untoward incidents of aggression and violence should be reviewed within ___ hours after the incident.
   A. 24.
   B. 48.
   C. 72.
   D. 96.

8. NICE noted that in the general population, approximately ___ of victims of physical assaults are likely to develop posttraumatic stress disorder (PTSD).
   A. 15% to 20%.
   B. 25% to 30%.
   C. 35% to 40%.
   D. 45% to 50%.

9. A Cochrane Review suggested that individuals who receive which of these interventions were at increased risk for developing PTSD?
   A. Critical incident stress debriefing.
   B. Values clarification.
   C. Psychological first aid.
   D. Crisis intervention.

10. The majority of patient participants in Bonner and Wellman’s study were:
    A. diagnosed with schizophrenia.
    B. voluntary residents.
    C. married.
    D. women.

11. All of the staff participants agreed with which of these statements on the postincident review survey?
    A. Did the postincident review offer you the opportunity to discuss an incident of restraint that you may not have otherwise had an opportunity to do?
    B. Did the postincident review allow you to think about some of the events leading up to the incident?
    C. Did the postincident review allow you to think about how the incident was managed?
    D. Did you think this was a useful way to review incidents that happen on the ward?

12. The smallest percentage of patient participants agreed with which of these statements?
    A. Did the postincident review offer you the opportunity to discuss an incident of restraint that you may not have otherwise had an opportunity to do?
    B. Did the postincident review allow you to think about some of the events leading up to the incident?
    C. Do you think this incident could have been predicted?
    D. Did you think this was a useful way to review incidents that happen on the ward?
13. One limitation of the study was that the:
   A. term restraint was not operationally defined.
   B. response rate was poor.
   C. descriptive statistics were imprecise.
   D. findings may not reflect views of nonparticipating staff and patients.

Questions #14-20 refer to the article about the recovery model of care by Caldwell, Scalfani, Swarbrick, and Piren on pages 42-48.

14. One of the fundamental components of the recovery system included in the National Consensus Statement on Mental Health Recovery was:
   A. guidance.
   B. non-linear care.
   C. caring.
   D. universality.

15. Another fundamental component cited in the above report was:
   A. esteem.
   B. empathy.
   C. confidence.
   D. respect.

16. A guiding principle on recovery-oriented services published in New Jersey’s Wellness and Recovery Transformation Action Plan January 1, 2008-December 31, 2010 was:
   A. resource development.
   B. review of legal rulings.
   C. eradication of the stigma of mental illness.
   D. data-driven decision making.

17. According to Peplau and others, the primary goal of psychiatric nursing should always be focused on:
   A. promoting health.
   B. case finding.
   C. treatment.
   D. rehabilitation.

18. The idea that the therapeutic relationship was the core of advanced psychiatric nursing practice was posited by:
   A. Meehan and Glover.
   B. Perraud et al.
   C. Smith and Bartholomew.
   D. Beebe et al.

19. Russinova and Cash’s study found that consumers of mental health services described by Davidson et al.?:
   A. a religious or spiritual life assisted them with recovery.
   B. emphasis should be placed on cure and not only on symptom amelioration.
   C. more aid should be given to help them with activities of daily living.
   D. barriers to access of care should be removed.

20. Which of the following is a new concept concerning recovery-oriented self-management planning with individuals receiving mental health services described by Davidson et al.?
   A. Care must focus largely on teaching coping skills.
   B. Observable behaviors are the target of change.
   C. Progress toward achieving client goals should be assessed frequently.
   D. Healing is a deeply personal, unique process.